IPDR6702				NORTH CAROLINA		PAGE: 1		
	: 11/24/2003		IPR	S CHECKWRITE SUMMARY REPORT				
				HECKWRITE DATE: 11/24/2003				
-		-	-	FINANCIAL PAYER: NCDMH				
DD OUT TO		HTOH PRIVITE	WINDOWS CO.				TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	DECORTORION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901		8931	380	AMTNC INELIGIBLE TO RECEIVE SE				
3404301	SMOKY MOUNTAINM	0331	500	RVICES IN IPRS.				
	H/DD/SAS			TVIOLO IN IIIO.				
		8599	328	DETAIL NOT COVERED BY COMBINAT	609	1229	11565	10336
				ION OF RECIPIENT, PROVIDER AND	009	1223	11363	10336
				BENEFIT PACKAGE.				
		8935	165	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404902	BLUE RIDGE COMM	191	1	CLIENT ID NUMBER DOES NOT MATC				
	UNITY			H PATIENT NAME				
		0	0		0	1	118	117
			1					
2404005		11	212	CLIENT NOT ELICIBLE ON CERTICE				
3404905	TREND COMM MENT	11	213	CLIENT NOT ELIGIBLE ON SERVICE				
	AL HLTH CTR		1	DATE				
			1					
		24	1	PROCEDURE CODE, PROCEDURE/MODI	_			
		24	-	FIER COMBINATION OR PROCEDURE	0	215	283	68
				CODE/TYPE OF SERVICE COMBINATI				
		21	1	DUPLICATE OF CLAIM-SYSTEM				
				+				
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	314	314
3404910	PATHWAYS	8599	195	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0021	100	NAME OF THE POST O				
		8931	188	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	306	677	17778	17101
			1	RVICES IN IPRS.				
		191	73	CLIENT ID NUMBER DOES NOT MATC				
			-	H PATIENT NAME				
			1					
3404912	CATAWBA COUNTYM	11	117	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT		1	DATE				
			1					
		8599	40	DETAIL NOT COVERED BY COMBINAT	26	205	850	645
				ION OF RECIPIENT, PROVIDER AND	20	200	250	
				BENEFIT PACKAGE.				
		143	21	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
-								
3404913	MECKLENBURG COM	8599	1205	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0005	245					
		8935	345	ASTNC INELIGIBLE TO RECEIVE SE	393	1891	6027	4136
				RVICES IN IPRS.				
			1					
		8505	90	CLAIM DENIED DUE TO INSUFFICIE				
		3303		NT BUDGET				
	(i	1	1	AT DODGET	1	1	1	1

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER		EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NONDEK	PROVIDER NAME	EODS	DENTALO	BESCRITTON	DENIALS	DENIALS	FINALIZED	PAID
3404916	CROSSROADS BEHA	8599	29	DETAIL NOT COVERED BY COMBINAT				
	VIORAL HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8621	12	60 RESIDENTIAL LEVEL III TREAT	0	41	564	523
				MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
				FOR ADDITIONAL SERVICE.				
3404917	CENTERPOINT HUM	11	613	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES			DATE				
		8599	347	DETAIL NOT COVERED BY COMBINAT	176	1342	3347	2005
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	120	ASTNC INELIGIBLE TO RECEIVE SE				
		0333	120	RVICES IN IPRS.				
3404918	ROCKINGHAM CO M	11	119	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	15	181	1067	886
				BENEFIT PACKAGE.				
				Banar I Triotaloa.				
		8935	10	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404919	GUILFORD CO MEN	8599	352	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	47	AMTNC INELIGIBLE TO RECEIVE SE				
		0331	47	RVICES IN IPRS.	106	595	4773	4177
		8935	39	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404920	ALAMANCE CASWEL	8505	3501	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8599	149	DETAIL NOT COVERED BY COMBINAT	80	3830	7440	3610
				ION OF RECIPIENT, PROVIDER AND		3030	7440	3010
				BENEFIT PACKAGE.				
		8933	61	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404921	ODANION PROCESS	5312	459	PRIOR AUTHORIZED DOLLARS EXCEE				
	ORANGE PERSON C HATHAM AREA	**==		DED				
	HAIRM MADA							
		11	251	CLIENT NOT ELIGIBLE ON SERVICE	25	1014	3626	2612
				DATE				
	1	0500	0.7	DEMAND NOW COURDED BY COVERNOR				
		8599	87	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
		+		BENEFIT PACKAGE.				
			2022	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT	21			i .	1	1	
3404922	THE DURHAM CENT	21						
3404922		21						
3404922								
3404922		11	208	CLIENT NOT ELIGIBLE ON SERVICE	0	2230	3740	1510
3404922				CLIENT NOT ELIGIBLE ON SERVICE DATE	0	2230	3740	1510

PROVIDER		HTOH DONTAL	NUMBER OF				TOTAL	TOTAL
NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404923	VGFW AREA AUTHO	11	232	CLIENT NOT ELIGIBLE ON SERVICE				
	RITY			DATE				
	1122							
		8599	46	DETAIL NOT COVERED BY COMBINAT	1	333	1752	1419
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	45	DUPLICATE OF CLAIM-SYSTEM				
		21	45	DOPLICATE OF CLAIM-SISTEM				
3404924	PIEDMONT AREA M	8525	94	CLAIM DENIED, REFERRING PROVID				
	H/DD/SAS			ER MUST BE AN LMA.				
		191	3	CLIENT ID NUMBER DOES NOT MATC	0	97	97	0
				H PATIENT NAME				
2404005		0505	553.4	ATTACA PROTEIN DUE TO THOUSENED				
3404925	SANDHILLS CENTE	8505	5514	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				1
	R FOR MH/DD	+		WI DODGEI				-
		8800	676	FURTHER PROCESSING NECESSARY,	152	6634	8646	2012
				PLEASE CHECK FOR CLAIM ON	152	6634	8646	2012
				FUTURE RA'S.				
		8599	161	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	8599	174	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		23	116	SERVICE REQUIRES PRIOR APPROVA				
		23	110	SERVICE REQUIRES PRIOR APPROVA	149	783	6464	5681
		21	89	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M	8599	265	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0005		A OFFICE AND A COUNTY OF THE PROPERTY OF THE P				
		8935	44	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	51	507	4957	4450
				RVICES IN IFRS.				
		8518	38	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404929	LEE HARNETT MH/	11	82	CLIENT NOT ELIGIBLE ON SERVICE				
	DD/SAS			DATE				
		0500	24	DEMATE NOW COURDED BY COMPANY				
		8599	24	DETAIL NOT COVERED BY COMBINAT	9	142	426	284
		1	1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1			
		-						
		120	10	CLIENT ID NUMBER MISSING OR IN				
		+		VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
								
3404930	JOHNSTON COUNTY	8599	1	DETAIL NOT COVERED BY COMBINAT				
	MNTL HLTHC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0	0		0	1	201	200
	1	1				Ì	I	1 '
								+

		HIGH DENIES	MINDER OF				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404931	MAKE CO HIM CAC	8505	1235	CLAIM DENIED DUE TO INSUFFICIE				
	WAKE CO HUM SVC BILLING OF			NT BUDGET				
	DIDDING OF							
		8599	783	DETAIL NOT COVERED BY COMBINAT	384	2854	17065	14211
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	186	CLIENT ID NUMBER MISSING OR IN				
		120	100	VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404932	RANDOLPH/SANDHI	8931	40	AMTNC INELIGIBLE TO RECEIVE SE				
	LLS CO MH C			RVICES IN IPRS.				
		8599	35	DETAIL NOT COVERED BY COMBINAT	60	209	937	728
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		120	33	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404933	SOUTHEASTERN CT	8505	322	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8931	38	AMTNC INELIGIBLE TO RECEIVE SE	59	571	2256	1685
				RVICES IN IPRS.				
		8000	31	NO RATE AVAILABLE ON FILE TO P				
		0000	31	RICE THIS CLAIM DETAIL				
3404934	ONSLOW COUNTY B	11	68	CLIENT NOT ELIGIBLE ON SERVICE				
	EHAVIORAL H			DATE				
		8625	27	SIX OCCURRENCES OF ASAO SERVIC	1	176	924	720
				ES HAVE PROCESSED AND PAID, PA				
				IS REQUIRED FOR ADDITIONAL SER				
		0500	0.7	DEFENDE NOT COMPANY OF THE COMPANY				
		8599	27	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFIT TACKAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
	HEADIN CIK							
		0	0		0	0	0	(
		0	0		0	0	0	(
			0		0	0	0	(
3404936	WILSON-GREENE M	0 8000	0	NO RATE AVAILABLE ON FILE TO P	0	0	0	(
3404936	WILSON-GREENE M ENTAL HEALT		0	NO RATE AVAILABLE ON FILE TO P	0	0	0	(
3404936			0		0	0	0	(
3404936		8000		RICE THIS CLAIM DETAIL				(
3404936			31	RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE	0			1117
3404936		8000		RICE THIS CLAIM DETAIL				1117
3404936		8000		RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE				1117
3404936		8000		RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE				1117
3404936		8931	23	RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				1117
3404936		8931	23	RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE				1117
		8931 8932	23	RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				1117
3404936		8931	23	RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				1117
	ENTAL HEALT	8931 8932	23	RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				1117
	ENTAL HEALT EDGECOMBE NASH	8931 8932	23	RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				1117
	ENTAL HEALT EDGECOMBE NASH	8931 8932 8000	23	RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. NO RATE AVAILABLE ON FILE TO P	36	93	1210	
	ENTAL HEALT EDGECOMBE NASH	8931 8932	23	RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL DETAIL NOT COVERED BY COMBINAT			1210	1117
	ENTAL HEALT EDGECOMBE NASH	8931 8932 8000	23	RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	36	93	1210	
	ENTAL HEALT EDGECOMBE NASH	8931 8932 8000	23	RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS. NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL DETAIL NOT COVERED BY COMBINAT	36	93	1210	

Sheet1

	RVICES IN IPRS.		

DDOUTDEE		HICH DENTS:	MILLIAND OF				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404938	HAT TERM COUNTY	0	0	*** NO DATA TO REPORT ***		+		-
	HALIFAX COUNTYM ENTAL HEALT					+		
								+
		0	0		C	0	0	0
3404939	NEUSE MENTAL HE	21	230	DUPLICATE OF CLAIM-SYSTEM				
	ALTH CENTER					-		
								-
		8599	102	DETAIL NOT COVERED BY COMBINAT	47	584	1724	1140
				ION OF RECIPIENT, PROVIDER AND	47	364	1/24	1140
				BENEFIT PACKAGE.				
		8000	91	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404941	PITT CO MH/DD/S	120	169	CLIENT ID NUMBER MISSING OR IN				
	AS CENTER	_		VALID. ENTER CID AND SUBMIT AS A NEW CLAIM		+	 	<u> </u>
				A NEW CHAIR		+	 	
		21	35	DUPLICATE OF CLAIM-SYSTEM		010	070	+
		-			C	213	278	65
		+	+			+	 	+
						<u> </u>	<u> </u>	†
		143	3	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404942	ROANOKE CHOWANH	8599	205	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	101	DIAGNOSIS OR SERVICE INVALID F				
		10	101	OR CLIENT AGE. VERIFY CID,	19	474	2617	2143
				DIAGNOSIS, PROCEDURE CODE FOR		+		
						+		+
		11	80	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				+
3404943	ALBEMARLE MENTA	8931	30	AMTNC INELIGIBLE TO RECEIVE SE				
	L HEALTH CE			RVICES IN IPRS.				
		0500	0.7					
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	34	94	338	244
				BENEFIT PACKAGE.				
				BENEFIT FROMOS.		+		
		21	20	DUPLICATE OF CLAIM-SYSTEM		+	 	+
						+		1
						†	1	1
3404944	EASTPOINTE HUMA	8931	76	AMTNC INELIGIBLE TO RECEIVE SE				
	N SERVICES			RVICES IN IPRS.				
		0500	6.1	DEBATI NOT COURDED BY COMPANY		+		
		8599	64	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	142	313	4120	3805
			_	BENEFIT PACKAGE.				
			_			+	 	+
		21	48	DUPLICATE OF CLAIM-SYSTEM		+	 	+
		+	+			+	 	+
						+		1
3404946	FOOTHILLS AREAM	143	536	CLIENT ID NUMBER NOT ON STATE		†	1	1
	ENTAL HEALT			ELIGIBILITY FILE		†	1	1
								1 -
		8931	204	AMTNC INELIGIBLE TO RECEIVE SE	231	1536	10790	9254
		8931	204	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	231	1536	10790	9254
		8931	204		231	1536	10790	9254
		8599	184		231	1536	10790	9254

Sheet1

		BENEFIT PACKAGE.		

Sheet1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	8599	109	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
	manari ori			BENEFIT PACKAGE.				
		11	66	CLIENT NOT ELIGIBLE ON SERVICE	131	359	4274	3915
				DATE				
		8935	59	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404959	DAVIDSON CO MEN	8524	48	CLAIM DENIED, PROVIDER MUST BE				
	TAL HLTH CT			DESIGNATED AS A BILLING				
				PROVIDER.				
		191	1	CLIENT ID NUMBER DOES NOT MATC	0	49	49	0
				H PATIENT NAME		-	-	
3404979	NEW RIVER AREAM	8599	437	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SA PRO			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	208	AMTNC INELIGIBLE TO RECEIVE SE	269	952	14888	13936
				RVICES IN IPRS.				
		191	66	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				